

A photograph of the Grand Canyon, showing a winding river and a lone tree on a rocky outcrop.

# Health Plans Management Update

Colonel Roger Goetz

in place of

Col Don "Bulldog" Taylor

56 MDG/CC

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# Overview



- Health Plans Management (HPM) Conference
- Senior HPM Staff Survey
- Group Practice Manager (GPM) Survey
- Case Study: Patient Admin....A Lost Art
- Future Plans

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# HPM Conference



- 13-15 November 02; Luke AFB, AZ

- Attendees:

Col Taylor, 56 MDG/CC

Col Carleton, HSRIV

Col Goetz, 56 MDG/SGA

Lt Col Haggerty, AFMOA

Maj Pinard, 56 MDG TRICARE

Capt Looney, 56 MDG RMO

1Lt Webb, 56 MDG GPM

Col Cardenas, TRICARE Reg 1

Col K. Jones, TRICARE Reg 10

Col (sel) Dornin, HQ USAF/SGMA

\* Maj Hyzy, Schoolhouse

Capt Pietrykowski, 56 MDG GPM

1Lt Yazzie, 56 MDG GPM

\* Unquestioned "King" of GPMs .....

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# HPM Conference Goals

- Ascertain where we are in the GPM world
- Determine the way the AFMS approaches Health Plans Management
  - Develop a model for the Health Plans function at the MAJCOM/MTF/Lead Agent/MTF levels
- Discover ways to enhance the Health Plans Management career track

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# Conference Recommendations

- Need annual review of GPM job description (POC: Maj Hyzy)
- GPM should work for no less than a Squadron Commander
  - Group staff also acceptable (i.e. SGA, SGH)
  - If other than an MSC supervisor, GPM Officer Performance Report needs SGA review
  - GPM should partner with a provider practice manager in each clinic
- Need annual data call of GPM issues (POCs: Lt Col Haggerty/Maj Hyzy)
  - Design process that reveals potential barriers IAW with MSC guidance (i.e. GPM working for HCI)

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## Conference Recommendations (cont.)



- Build an HSI item for GPM duties as compared to job description, to include an interview with GPM (POC: Lt Col Dornin)
- If GPM is Access Manager, s/he must supervise access points (i.e. Central Appointments, Records, etc.)
  - Request Manpower desk audit of what PCO 4As are doing as compared to job description (POC: Lt Col Dornin)
- Form working group of MAJCOM GPM annual award winners that meets 1x per year (similar to YHCA)

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## Conference Recommendations (cont.)



- Need to ask RMO and Systems enterprises: who is going to provide data analysis support to GPMs?
- Create SGMA Internship – experience at Region 1, Malcolm Grow, Sierra; follow-on at MAJCOM Health Plans shop or MTF in expansion mode (POC: Lt Col Dornin)
- Must view EWIs as an enhancement to Health Plans skills (versus career broadening) so we can reap long-term benefits
- Follow up session planned for early Fall 03

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# Senior HPM Survey

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# Senior HPM Staff Survey



- Questions included:
  - List ranks/describe duties of personnel assigned to your organization's HPM function.
  - Who provides GPM oversight?
  - What is the *current* role of HPM in your organization? What *should* the role be?
  - List your Top 3 customers.
  - What existing policies/AFIs do you utilize for HPM guidance? Are these adequate?
  - What resources are *currently* available within HPM for mentorship/guidance? What resources *should* be in place?
- Survey respondents
  - *HPM functionals at Air Staff, four MAJCOMS, one Lead Agent, and the Schoolhouse*

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# Senior HPM Staff Survey Highlights



- Lack of defined HPM roles/guidance at Air Staff/MAJCOMs/Lead Agents
  - Leads to duplication of effort and tasking outside of scope
  - In one MAJCOM, Chief Nurse provides GPM oversight
- Patient administration is a lost art!
  - MTFs have lost their expertise under PCO model, and turn to MAJCOMs for support
  - Need to recultivate patient admin expertise/guidance
    - Starts at the MDG/CC and SGA level ... can't wait for topcover
- Need forum for HPM functionals and GPMs
  - Half-day meeting at TRICARE Conference, ACHE, MGMA, or AF Resources Symposium

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# GPM Survey

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# Background



- Lt Col Haggerty (AFMOA/SGZZ) and Maj Hyzy (382 TRS/XYB) maintain a current roster of GPMs
  - Summer '03 Maj Hyzy to be replaced by Maj John Powers III, currently at USAFE/SG
- January 2003 survey sent to all current GPMs
  - Survey comprised 5 open-ended questions; results anonymous
  - 40 respondents out 108 surveys emailed = 37% response rate
- Survey results compiled in mid-February
  - Results shared w/ MSC Corps and Associate Corps Chiefs
  - Results initially shared with current GPMs via email
- AFMOA and 382 TRS to continue periodic surveys
  - GPM Newsletter to be produced quarterly

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# Results – Question 1



- Who is your rater (position, not name)?
  - MDOS/CC = 20 (46%); MDSS/CC = 3 (7%)
  - SGH = 9 (20%)
  - Flt/CC = 7 (16%)
  - SGA or MDG/CC = 3 (8%)
  - HCI (ACC; Holloman) = 1 (3%)
- Who would be the desired rater (position, not name)?
  - MDOS/CC = 22 (51%); MDSS/CC = 3 (7%)
  - SGH = 11 (26%)
  - Flt/CC = 1 (2%)
  - SGA or MDG/CC = 6 (14%)

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## Results – Question 2



- What percentage of your duty time is spent as a practice manager?
  - 80 – 100% = 19 (53%)
  - 60 – 79% = 9 (25%)
  - 20 – 59% = 8 (22%)
  - Other duties: Ops officer/Sq Sec CC = ~15 – 50%  
“Traditional” MSC roles = ~25 – 60%  
Additional duties = ~5 – 30%
- GPM select comments:
  - “...I seem to be a “dotted line” on everyone’s org chart...”
  - “...Crossing squadron lines to make positive change happen is difficult, even if it is for the betterment of all...”

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## Results – Question 3



- Do you have access to the INFORMATION you need from data sources?
  - Yes = 38 (95%)
  - No = 2 (5%)
- What specific data sources are you having trouble accessing?
- GPM select comments:
  - "...Information overload; part of my job is to filter and relay information to executive leadership..."
  - "...I just completed a 4-day CHCS AdHoc class which was very useful..."
  - "...MDG recently hired a data analyst, who took over data mining portion of GPM job; it's helped a great deal..."

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## Results – Question 4



- Are the business processes in your clinic(s) functioning well and do the 4As work for you as GPM?
  - Yes = 8 (23%)
  - No = 27 (77%) (Note: most GPMs stated they had a good working relationship with 4As even without direct supervision)
- GPM select comments:
  - "...4As find it difficult because they have both records mgmt and maint that used to be staffed by full-time 4As that now do PCO duties; they are learning to balance..."
  - "...we have mentoring lunches for 4As; getting senior 4A buy-in for PCO is key for our integration success..."

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## Results – Question 5



- In your opinion, where/how does the GPM have the most positive impact at your MTF?
  - “Data miner” (x 11)
  - “Finding ways to improve access for the patients” (x7)
  - “Enabling providers (MDs, PAs, nurses, techs) to spend more time in patient care; acting as support and vital liaison” (x 6)
  - “In the clinic(s) where you can see the day-to-day operations of the staff and patients” (x 2)
  - “GPMs are having a positive impact on PIMR data”
  - “Providing staff with workload information and coding feedback”
  - “Referral management...recapture of patients who might have been sent to the network”

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## Results – Question 5 (cont.)



- What is your #1 “Barrier/Crazymaker” as a GPM?
  - “‘Us’ vs. ‘Them’ mentality that some providers harbor against GPMs”
  - “...people not understanding my role...”
  - “Providers who think I am telling them ‘how to practice medicine’”
    - “...docs and clinic staff who keep telling me, ‘it can’t be done’...”
  - “I don’t fit in well anywhere. I’m not clinical, not considered part of leadership, not a “REAL (traditional) MSC”, etc...that part is emotionally challenging...”
  - “...Many 4As still see working in the clinics/PCO as a bad career move...”

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# Case Study: Patient Admin..... A Lost Art

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# 56<sup>th</sup> Medical Group



- The elimination of Patient Admin under the OMG and PCO model has caused challenges in several areas:
  - Records
  - MEBs
  - LODs
  - VSI SI III Notification
  - PCO
  - HIPAA
  - Release of Information

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# Records



- Lack of interest
- Lack of continuity
- Lack of ownership/leadership
- No senior 4A leadership/experience
- No training
- Shifting of paperwork
- Lost priorities\

*Medical Records are broken ... we are at  
extensive risk*

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# Observed Problems Inherent with PCO Admin



- 4A's responsible for all administrative duties
  - Answering telephones
  - Telephone consults
  - Manning front desk
  - Requesting records for same day appointments
  - Copying of medical records for referrals
  - Dealing with walk-in patients
  - Checking in patients
  - Printing provider schedules
  - Printing SF 600s for next day appointments

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## Observed Problems Inherent with PCO Admin (cont'd)



- 4A's also responsible for all admin duties not associated with PCO
  - Files manager
  - Non-Med Supplies
  - Systems Responsibilities (TASO)
  - Some 4A's requested to type EPRs
- No firm local written guidance for 4A's
- Each PCO Clinic doing their own thing
  - Inability to cover for areas during manning shortage

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# Patient Admin “Challenges” and Lessons from 56 MDG



- MEB transferred to AMDS
  - One man shop--no coverage during leave
  - Lack of support from chain of command
  - Lack of senior NCO guidance/support
  - MEBs not being completed IAW Instruction—Patients’ careers on hold
- LOD – No central POC for MDG
  - FPC taking care of entire group
  - No one monitoring injury logs to ensure LOD accomplished
  - LODs only being accomplished for MEB or guard and reserve members
  - Errors may affect patients separation/retirement disabilities

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# Luke's Solution



- Resurrect Patient Admin in MDSS!
  - Mix of 4A, GS and Contract Staff
  - Create mentoring process to assure capability
- Still honor intent of PCO, but challenge 4A staffing models and reporting
  - Records maintenance/availability
- Must recultivate expertise in patient admin or we will continue to be at risk
- Early results are very positive

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# Last Point



- Be careful of BOBs Flights ....
- Senior MSC supported reduction/elimination of existing BOBs structure
  - Forced by manpower reductions and false assumptions
- Independent RMO and TRICARE Flights are critical to MSC development, experience and preparation for TNEX ....

*Near Future HPM review item ...*

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